

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037750

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1244

STATE FILE NUMBER

FILED NOV 8 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph,

Length of stay in 1b

since 1918

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Missouri Methodist Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY

OR

TOWN

St. Joseph,

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

2707 Patee Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ROSCOE

Middle

C.

Last

ROUNER

4. DATE  
OF  
DEATH

Month

November

Day

2,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Oct. 14, 1889

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sec. &amp; Pres.

## 10b. KIND OF BUSINESS OR INDUSTRY

Mo. Valley Trust Co.

## 11. BIRTHPLACE (City and state or country)

McFall, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James L. Rouner

## 13b. MOTHER'S MAIDEN NAME

Mary Patton

## 14. NAME OF HUSBAND OR WIFE

Lela May Rouner

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Lela May Rouner-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive heart failure

INTERVAL BETWEEN  
ONSET AND DEATH

2 months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Old myocardial infarction

9 years

## DUE TO (c)

Coronary arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

195-6

to 11/2/62

and last saw him alive on

11/2/62

## Death occurred at

10:00 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Donald Stallard, M.D.

## 22b. ADDRESS

902 Edmond

## 22c. DATE SIGNED

11/5/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Nov. 5, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov. 5, 1962

## 26. REGISTRAR'S SIGNATURE

Mr. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
D. Stallard, M.D.VS 300  
Rev. 4/59

DATE AMENDED

15117

25117

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9420.1

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122-0

131-0

NOV 15 1962

Permit 11/15/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond A. Hooy

Licensed Embalmer No. 5147

P. O. Address St. Joseph Ho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.